

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent #

**10/525738**

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

9

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

TITLE:

KeyID: Ref: 07/18/2005 PKIDWELL 0013253400  
DAB:502866 Name/Number:10525738

PHONE: \_\_\_\_\_

\$500.00 CR

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*